U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

7001 1940 0001 2179 9719

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark
Here

Sent To *Pamela Ray*

Street, Apt. No.; or PO Box No. *3046 Dupont St. S.*

City, State, ZIP+4 *Gulfport, FL 33707*

PS Form 3800, January 2001   See Reverse for Instructions